

IMMIGRATION CONSENT FORM

Constituent Information

Name _____ Telephone _____

Address _____

Name of Petitioner _____

Name of Beneficiary (if applicable) _____

Date of Birth _____ Country of Birth _____

Alien Registration # (Green Card #) _____

Receipt or Case # _____

Form Pending

_____ I-129	_____ I-485	_____ I-824	_____ N-600	_____ I-600
_____ I-130	_____ I-765	_____ N-400	_____ I-751	_____ I-600A
_____ I-140	_____ I-539	_____ N-565	_____ I-90	_____ I-131

Other (Specify) _____

Agency Filed _____ Location filed _____

Please describe the problem/inquiry (use reverse side if necessary):

Constituent Authorization

I am aware that the Privacy Act of 1974 prohibits the release of my personal information without my expressed, written consent. I hereby authorize US Senator Evan Bayh, or a staff representative designated by him, to inquire on my behalf to _____. Please return this form to: 1650 Market Tower, 10 West Market Street, Indianapolis, IN 46204. Fax # (317) 554-0760.

Signed _____ Date _____

Intra-Office Use Only =====

Office Contacted _____ Call/Visit _____ Staff _____